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CONFIRMATION NO. 3096

<b>SERIAL NUMBER</b> 10/659,552	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> DAT104B	
<b>APPLICANTS</b> Anthony T. D'Amico, Troy, MI; <i>AB</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/409,519 09/10/2002 <i>AB</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/02/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Alm</i> Acknowledged <i>Bradt AB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32299					
<b>TITLE</b> Traction device for physical therapy					
<b>FILING FEE RECEIVED</b> 787	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		